

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10/031,539</div>	Filing Date 
				Applicant(s)	
				* May be used for additional claims or amendments	

CLAIMS	AS FILED <div style="font-size: 1.2em; font-family: cursive;">9.23.05</div>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

51	Indep	Depend	52	Indep	Depend	53	Indep	Depend	54	Indep	Depend
51			52			53			54		
55			56			57			58		
59			60			61			62		
63			64			65			66		
67			68			69			70		
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79			80			81			82		
83			84			85			86		
87			88			89			90		
91			92			93			94		
95			96			97			98		
99			100								
Total Indep			Total Indep			Total Indep			Total Indep		
Total Depend			Total Depend			Total Depend			Total Depend		
Total Claims			Total Claims			Total Claims			Total Claims		

Filing Date

Applicant(s)	
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\* May be used for additional claims or amendments

CLAIMS	AS FILED 9-23-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1					
Total Depend	13					
Total Claims	14					

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						